

OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF LOS ANGELES
BUREAU OF FRAUD & CORRUPTION PROSECUTIONS
CONSUMER PROTECTION DIVISION
201 N. FIGUEROA STREET, SUITE 1200
LOS ANGELES, CALIFORNIA 90012-2660
(213) 580-3273

COMPLAINT FORM

1. _____
Complainant's Full Name Telephone Number

Address (Number, Street, City, State and Zip Code)

MY COMPLAINT IS AGAINST:

- 2 _____
Name of Business and/or Individual

Address (Number, Street, City, State and Zip Code)

Full Name of Person With Whom You Dealt Telephone Number

- 3 Have you had a previous business or personal relationship with the firm or any of its partners, officers, directors or controlling persons?
☐ Yes ☐ Business How Long _____
☐ No ☐ Personal

- 4 _____
Place(s) Where Transaction(s) Occurred

Date(s) of Transaction(s)

- 5 Have you contacted the business or individual regarding your complaint?
☐ Yes ☐ No Date(s) of Contact(s) _____

- 6 _____
(If Yes,) Person(s) Contacted Telephone Number
Results of Contact(s) _____

7. Briefly describe the nature of your complaint. Keep dates of events in chronological order.

[illegible]

8. Have you filed your complaint with another law enforcement or consumer protection agency?
If yes, provide agency information below.

Name of Agency	Telephone Number
Address (Number, Street, City, State and Zip Code)	

9. Do you know of any other victims in this matter? If yes, please provide names, address and telephone numbers in the space provided below.

10. Have you or any other victims filed a lawsuit in any courts? If yes, please provide date, case number and name of county in which the lawsuit was filed.

11. Please attach a copy of the advertisement, if applicable, to this form.